

JUL 06 2006

PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 014030.0146PTUS
Application Number 09/810334-Conf. #6688	Filed March 14, 2001	
For INTERACTIVE PATIENT COMMUNICATION DEVELOPMENT SYSTEM FOR REPORTING ON PATIENT HEALTHCARE MANAGEMENT		
Art Unit 3626	Examiner V. D. Koppikar	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2228</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>37,028</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		
<u>Michele V. Frank</u> Signature		July 6, 2006 Date
Michele V. Frank Typed or printed name		(703) 744-8000 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest, or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		

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